## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY CREDIT CARD AUTHORIZATION FORM

I hereby authorize the U.S. District Court for the District of New Jersey to charge the credit card listed below for payment of fees, costs and expenses which are incurred by the authorized user(s) listed below. I certify that I am authorized to sign this form on behalf of my law firm. I understand that this information will be securely maintained in the Clerk's Office.

Credit Cardholder Name:		
Signature:		
Jigiiataio		Date:
(OPTIONAL) NAMES OF INDI	IVIDUALS AUTHORIZE	D TO USE ACCOUNT NUMBER LISTED BELOW:
Name		
Law Firm Name:		
Billing Address if Different:		<del></del>
Telephone Number:	Fax N	Jumber:
Name of person to whom receipts	should be mailed:	
Credit Card Account Number:		
Expiration Date (MM/YY):		
Card Type (please check only one	e): American Ex	press MasterCard Visa
_		and will remain in effect until the expiration of the credit card account.  In request to the address listed below. A new application must be submitted
each time there is a change of any	information that you have	e provided within this document. Please supply the Court with written
_		ase allow 3-4 weeks for the completion of this application.
Mail this application to the attenti	on of: Susan Travis, Off	ice of the Clerk, U.S. District Court, 50 Walnut Street, Newark, NJ 07102
For Court Use Only:		
Recv'd		eted By Approved Declined